

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42361 (8)**  
 1. Corporation Name  
**OAK GROVE BAPTIST CHURCH, INC.**

Principal Place of Business <b>1404 NE 152ND TER N MIAMI BEACH FL 33162-5927</b>	Mailing Address <b>1404 NE 152ND TER N MIAMI BEACH FL 33162-5927</b>
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3. Date Incorporated or Qualified <b>03/05/1991</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**BURKE, EVORN**  
**1404 NE 152ND TER**  
**N MIAMI BEACH FL 33162-5927**

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>BURKE, EVORN</b>	
STREET ADDRESS	<b>3550 NE 17TH ST</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, LEROY</b>	
STREET ADDRESS	<b>1570 NE 154TH ST</b>	
CITY - ST - ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, MARLVIN</b>	
STREET ADDRESS	<b>1470 NE 151ST TER</b>	
CITY - ST - ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ENGLISH, JAMES</b>	
STREET ADDRESS	<b>1425 NE 151ST TER</b>	
CITY - ST - ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PICKETT, VERDEE</b>	
STREET ADDRESS	<b>1355 NE 155TH ST</b>	
CITY - ST - ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, NORMA</b>	
STREET ADDRESS	<b>494 NW 165TH STREET ROAD</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Evorn Burke* **Evorn Burke Feb 8, 1998 (305) 945-7964**

CR2E037 (10/97)